

Monthly Insurance Premiums (July 1, 2021 - June 30, 2022) Full-time Exempt Employees

UHC - Choice	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$777.77	\$777.77	\$0.00	\$0.00
Employee + Spouse	\$1,734.40	\$1,734.40	\$0.00	\$0.00
Employee + Child(ren)	\$1,454.40	\$1,454.40	\$0.00	\$0.00
Family	\$2,278.83	\$2,278.83	\$0.00	\$0.00

UHC - Choice Plus	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$810.99	\$810.99	\$0.00	\$0.00
Employee + Spouse	\$1,808.51	\$1,808.51	\$0.00	\$0.00
Employee + Child(ren)	\$1,516.55	\$1,516.55	\$0.00	\$0.00
Family	\$2,376.18	\$2,376.18	\$0.00	\$0.00

		City Monthly	Employee Monthly	Employee Per Pay
UHC - HSAChoice	Monthly Premium	Payment	Payment	Period
Employee Only	\$564.34	\$564.34	\$0.00	\$0.00
Employee + Spouse	\$1,258.47	\$1,258.47	\$0.00	\$0.00
Employee + Child(ren)	\$1,055.31	\$1,055.31	\$0.00	\$0.00
Family	\$1,653.50	\$1,653.50	\$0.00	\$0.00

UHC - Dental Low	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$23.54	\$23.54	\$0.00	\$0.00
Employee + Spouse	\$47.02	\$47.02	\$0.00	\$0.00
Employee + Child(ren)	\$47.02	\$47.02	\$0.00	\$0.00
Family	\$89.07	\$89.07	\$0.00	\$0.00

UHC - Dental High	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$40.72	\$40.72	\$0.00	\$0.00
Employee + Spouse	\$80.33	\$80.33	\$0.00	\$0.00
Employee + Child(ren)	\$80.33	\$80.33	\$0.00	\$0.00
Family	\$142.54	\$142.54	\$0.00	\$0.00

Ameritas Vision	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$6.32	\$6.32	\$0.00	\$0.00
Employee + Spouse	\$14.48	\$14.48	\$0.00	\$0.00
Employee + Child(ren)	\$12.36	\$12.36	\$0.00	\$0.00
Family	\$20.52	\$20.52	\$0.00	\$0.00